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	in this information to													
Deb	otor 1	Roy R. Walto			-									
	otor 2 ouse, if filing)					_								
Uni	ted States Bankrup	tcy Court for the:	EASTERN DISTRICT	OF PA		_								
Cas	e number 21-12433						Check if this is:							
(If kn	nown)						■ Ar	n amende	d filing					
										ring postpetition following date				
O_1	fficial Form	<u> 1061</u>					M	M / DD/ Y	YYY					
S	chedule I: `	Your Inco	ome								12/1			
	ch a separate shee	et to this form. (r spouse is not filing wit On the top of any addition											
••	information.	oyo		Debtor 1				Debtor 2 or non-filing spouse						
	If you have more attach a separate		Employment status	☐ Employed				☐ Employed						
	information about employers.		Occupation	■ Not employed Retired due to health				☐ Not employed						
	Include part-time, self-employed wo		Employer's name	Netired due to he	aitii									
	Occupation may in or homemaker, if		Employer's address											
			How long employed th	nere?										
Par	t 2: Give Det	tails About Mon						_						
		ome as of the da	ate you file this form. If y	ou have nothing to rep	ort for	any line	, write	\$0 in the	space. I	Include your no	n-filing			
	u or your non-filing e space, attach a se		re than one employer, co	mbine the information f	for all e	employe	ers for t	hat perso	n on the	e lines below. If	you need			
						Fo	or Deb	tor 1		Debtor 2 or Filing spouse				
2.			ry, and commissions (becalculate what the monthly		2.	\$		0.00	\$	N/A	_			
3.	Estimate and list		3.	+\$		0.00	+\$_	N/A	-					
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$		0.00	\$_	N/A				

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Roy R. Walton, Jr.		Cas	se number (if known)	21-12	433		
					or Debtor 1	non-	Debtor filing s	pouse	
	Cop	y line 4 here	4.	\$	0.00	\$		N/A	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	-
	5e.	Insurance	5e.	\$	0.00	\$		N/A	-
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	-
	5g.	Union dues	5g.	\$ + \$	0.00	—		N/A	-
	5h.	Other deductions. Specify:	_ 5h.+		0.00			N/A	-
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$		N/A	=
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total				•			
	٥L	monthly net income.	8a.	\$	0.00	\$		N/A	-
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.	\$	0.00	Φ		N/A	-
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	-
	8d.	Unemployment compensation	8d.	\$	0.00	\$		N/A	_
	8e.	Social Security	8e.	\$	1,521.00	\$		N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.	\$	1,000.00	\$		N/A	=
	8h.	Other monthly income. Specify:	_ 8h	+ \$	0.00	+ \$		N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	2,521.00	\$		N/A	A
10	Cal	sulete monthly income. Add Eng. 7 : Eng. 0	10 6		0.504.00		NI/A	¢.	0.504.00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,521.00 + \$		N/A	= \$ _	2,521.00
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies						12.	\$	2,521.00
13.	Do you expect an increase or decrease within the year after you file this form?							Combin monthly	ned y income
		No.							